



# EmPower New York Appliance Exchange Agreement

Customer Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_  
EmPower Project ID: \_\_\_\_\_ Date: \_\_\_\_\_

EXISTING APPLIANCE(S)	APPLIANCE 1		APPLIANCE 2		APPLIANCE 3	
	Refrigerator	Freezer	Refrigerator	Freezer	Refrigerator	Freezer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make						
Model						
Age of Unit						
Dimensions	W:	H:	D:	W:	H:	D:
Cu. Ft. Capacity						
Calculated Usage						
Location						
Space Available	W:	H:	D:	W:	H:	D:
Ambient Temp						
Landlord Owns Appliance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INGRESS/EGRESS CONCERNS & NOTES**

Are there stairs to the residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	# Flights:	
Is there an elevator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dimensions:	W: _____ H: _____
Are there narrow hallways?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dimensions:	W: _____ H: _____
Are there narrow doorways?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dimensions:	W: _____ H: _____
Additional Notes:				

**AUDITOR RECOMMENDATIONS FOR APPLIANCES OWNED BY THE EMPOWER PARTICIPANT**

Final determination is made by the EmPower NY Program and may differ from Auditor's recommendations below.

Customer initials are required next to all auditor recommendations below:

	No replacement recommended.	Reason:
	Exchange appliance #(s): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> with a brand-new white ENERGY STAR® appliance the same size.	
	Exchange two smaller appliances (appliance #s): _____, _____ for one larger ENERGY STAR® appliance. (2 for 1)	
	Recommended Replacement Size:	Hinge Side Desired: LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/>
	Appliance owner agrees to downsize their appliance to a Cu. Ft. Capacity of: _____	
	Appliance owner declines appliance replacement.	

**Customer:** I am the owner of appliance #(s): 1  2  3  listed above. I hereby request that the New York State Energy Research and Development Authority (NYSERDA) proceed with the recommendation(s) that I initialed above. I understand that a final decision to replace an appliance will be made based on the potential to save energy based on the energy usage of my current appliance(s), availability of funding, and my eligibility for the program. I understand that the replacement size is based on the appliance(s) currently in use and the space available. I understand that no new appliance(s) will be provided unless I relinquish the old one(s). I understand that the manufacturer and vendor will provide appropriate warranties on the new appliances. I understand that the participating vendors in the EmPower New York program are independent contractors and if any issues arise regarding the services provided, I will contact the manufacturer or participating vendor, and not NYSERDA.



**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contractor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_